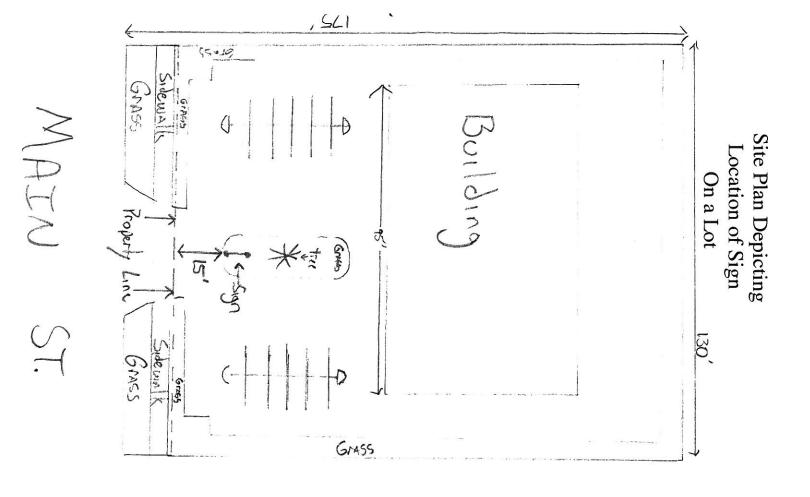


TEMPORARY SIGN PERMIT APPLICATION

DATE:	PERMIT #:	
	FEE: \$10.00	
APPLICANT/BUSINESS NAME:		
CONTACT PERSON:		
PROJECT ADDRESS:		
PHONE: ()	ZONING DISTRICT:	
FAX: ()	ZONING DISTRICT:	
***SIGN SPECIFICATIONS		
SIZE:x HEIGHT:	MATERIAL:	
SINGLE FACE DOUBLE FACE	E ILLUMINATED: YES OR NO	
FREESTANDING: WALL:		
***SIGN LOCATION:		
DISPLAY DATE(S): FROM:	TO:	
(A Temporary Sign may be displayed	ed for 30 consecutive days in a calendar year. eeed 60 total days in a calendar year.)	
***Note: All requests for temporary sign permits must be accompanied by a drawing of the sign, and a site plan to scale indicating the location of the proposed sign, noting distance from all right-of-ways and other significant features.		
SEE SAMPLE SITE PLAN-ATTACE		
SEE SAMI LE SITE I LAN-AI TACI		
Date approved		
	Zoning Administrator	



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PIZZA

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Depiction of Actual Sign

